



- ☐ Onsite Review
- ☐ Participant Interview
- ☐ Document Review

HCBS Final Rule Onsite Assessment

Date: _____

Assessor Name: _____

Assessor Organization (?): _____

Provider Name: _____

Service Address: _____

HCBS Population:

☐ Autism ☐ Frail Elderly (FE) ☐ Intellectual or Developmental Disability (IDD) ☐ Physical Disability (PD)

☐ Technology Assisted (TA) ☐ Traumatic Brain Injury (TBI) ☐ Serious Emotional Disturbance (SED)

(check all that apply)

Setting Type: ☐ Residential ☐ Non-Residential

- Residential: participant's own home, family home, or provider owned and operated setting in which the consumer resides.
- Non-Residential: a setting separate from the participant's private residence or other residential living arrangement.

Document Review (policies, procedures, and regulations)

CMS Assurances	Review	Data Source- in development	Determination	Notes/Comment
Setting optimizes individual initiative, autonomy, and independent in making life choices; Participant has his/her own bedroom or shares a room with a roommate of choice	1. Per policy/regulation, is the participant provided the opportunity to reside in their own bedroom or select their roommate(s) and furnish their living arrangement to their preference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	This is the preferred format for the remaining question.
Setting does not isolate participants from individuals not receiving Medicaid HCBS in the broader	2. Per policy/regulation, is the participant provided the opportunity for visitors to come at		<input type="checkbox"/> Yes <input type="checkbox"/> No	

community	his/her preference without limitations to the specified hours (as long as the health and welfare of the participant is not compromised as identified in the person-centered plan)?			
Participant has unrestricted access in the setting	3. Per policy/regulation, is the participant provided the opportunity for accessing any area in the setting (excluding areas that would serve a safety hazard or would interfere with the privacy of other participants)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports participant comfort, independence, and preferences	4. Per policy/regulation, is the participant provided the opportunity to have access to basic household equipment as identified in the person-center plan (i.e., kitchen appliances)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has a legally enforceable agreement for the unit or dwelling where the participants resides	5. Per policy/regulation, is the participant provided the opportunity to have a legally enforceable agreement/lease for the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the Sate who are not receiving Medicaid HCBS	6. Per policy/regulation, is the participant provided the opportunity to know his/her rights regarding housing and when they could be required to relocate?			
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the Sate who are not receiving Medicaid HCBS	7. Per policy/regulation, is the participant provided the opportunity for protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant laws?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants have full access to the	8. Per policy/regulation, is the		<input type="checkbox"/> Yes <input type="checkbox"/> No	

community; Setting support participation in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services; Participant is employed or active in the community outside the setting	participant provides the opportunity to schedule and attend activities/appointments (work, social, medical, etc.) at their preference?			
Participants have full access to the community; Setting support participation in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services; Participant is employed or active in the community outside the setting	9. Per policy/regulation, is the participant provides the opportunity to access services and support that will help gain access to the larger community (i.e., public transportation)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses and controls a schedule that meets his/her wishes in accordance with a person-centered plan	10. Per policy/regulation, is the participant provided the opportunity to set his/her own schedule for waking, bathing, eating, exercising, activities, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant controls his/her personal resources	11. Per policy/regulation, is the participant provided opportunity to control their own personal resources?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	12. Per policy/regulation, is the participant provided the opportunity to store personal items in an area that is not accessible to others?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	13. Per policy/regulation, is the participant provided the opportunity to lock his/her door and maintain private living areas?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	14. Per policy/regulation, are the participant's right to dignity and		<input type="checkbox"/> Yes <input type="checkbox"/> No	

	privacy is respected?			
Participant chooses when and what to eat	15. Per policy/regulation, is the participant provided the opportunity to select the meal of his/her preference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat	16. Per policy/regulation, is the participant provided the opportunity to select the time he/she prefers to eat?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses with whom to eat or to eat alone	17. Per policy/regulation, is the participant provided the opportunity to select with whom he/she prefers to eat?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has access to make private telephone calls/text/email at the participant's preference and convenience	18. Per policy/regulation, is the participant provided the opportunity to make private phone calls/text/email at his/her preference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants are free from coercion	19. Per policy/regulation, is the participant provided the opportunity to be educated on the process for filing a complaint?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting meets the needs of the participants who require supports and is physically accessible to the participants	20. Per policy/regulation, is the participant provides the extra support needed as identified on the person-centered service plan (i.e., ramps, grab bars, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants who need assistance to dress are dressed in their own clothes appropriate for the time and individual preference	21. Per policy/regulation, is the participant provided the opportunity to receive assistance with tasks appropriately and according to preference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants has privacy in their sleeping space and toileting facility	22. Per policy/regulation, is the participant provided the opportunity to access locked areas for privacy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Person-Centered Service Process or Plan

CMS Assurances	Review	Data Source	Determination	Notes/Comment
Setting was selected by the participant	1. PCSP provides opportunity for the participant to get a choice in available options regarding where to live/receive services.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses from whom they receive services and supports	2. PCSP provides opportunity for the participant to get a choice of service provider		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses from whom they receive services and supports	3. PCSP provides opportunity for the participant to be educate on how to request a change in provider		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant, or representative, has an active role in the development and update of the person-centered plan	4. PCSP provides opportunity for the participant to express individuals that are important to the participant and may visit the residential settings		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is employed or active in the community outside of the setting	5. PCSP provides opportunity for the participant to explore option for employment in the community		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plan supports participant's comfort, independence, and preferences; Participant/representative has an active role in the development and update of the person-centered plan	6. PCSP provides opportunity to reflect participant's needs and preferences		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plan optimizes participant's comfort, independence, and preferences; Plan documents participant's choice of roommate	7. PCSP provides opportunity for the participant to request a change of roommate		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plan documents participant's control over his/her resources	8. PCSP providers opportunity to document if the participant has a payee to handle financial tasks		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat; Participant chooses with whom to eat or to eat alone	9. PCSP provides opportunity to reflect the participant's preferences related to food and eating arrangements		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Plan documents the needs of the participant who require supports and ensures the setting is physically accessible to the participants	10. PCSP provides opportunity to reflect the additional support needs of the participant (i.e., grab bars, wheelchair ramps, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Consumer Interview

CMS Assurances	Requirement	Data Source	Observation	Notes/Comment
Individual chooses from whom they receive services and supports	1. Were you given the choice of several service providers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting was selected by the participant	2. Did you select to reside in your current setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant choices are incorporated into the services and supports received; Participant chooses from whom they receive services and supports	3. Are you satisfied with the services you are receiving?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant, or representative, has an active role in the development and update of the person-centered plan	4. Did you or a representative participate in the person-centered service plan process?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting and plan meet the needs of the participant who require supports and is physically accessible to the participant	5. If needed, do you have access to additional supports such as wheelchair ramps, grab bars, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses from whom they receive services and supports	6. Do you know how to request a different provider if you are not satisfied with your services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting does not isolate participants from individuals not receiving Medicaid HCBS in the broader community	7. Can you have people come and visit you in your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports participant comfort, independence, and preferences	8. Can people come and visit you at any time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants furnish and decorate their sleeping and/or living units in the way that suits them	9. Were you able to decorate your room the way you wanted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has his/her own bedroom	10. Did you get the option to		<input type="checkbox"/> Yes <input type="checkbox"/> No	

or shares a room with a roommate of choice	request your own bedroom or choose your roommate?			
	11. Do you know how to request a change in room/roommate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has unrestricted access in the setting	12. Can you go into any area of the building?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services	13. Do you go shopping for your clothes, food, personal items, etc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences	14. Do you get to pick where you shop for the items?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants who need assistance to dress are dressed in their own clothes appropriate for the time and individual preference	15. If needed, do you get help completing tasks to be appropriately clothed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants who need assistance to dress are dressed in their own clothes appropriate for the time and individual preference	16. If needed, do you get assistance with cleaning your clothes?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants who need assistance to dress are dressed in their own clothes appropriate for the time and individual preference	17. Do you get to select the clothes you wear each day?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is employed or active in the community outside the setting	18. Are you employed? a. Do you work in the community?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has full access to the community; Setting supports individual comfort, independence, and preferences; Participant is employed or active in the community outside of the setting	19. Do you get the option to go to church?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has full access to the community; Setting supports individual comfort, independence, and preferences;	20. Do you get to choose whether you go to church on the weekend or during the week?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Participant is employed or active in the community outside of the setting				
Setting supports individual comfort, independence, and preferences; Participant chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	21. Do you get to pick the activities you would like to do?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	22. Do you have scheduled times for group activities or appointments?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences; Participant chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	23. Do you get to help decide when you do the activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences	24. Did you get to pick your doctor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences; Participant chooses and controls a scheduled that meets his/her wishes in accordance with a person-centered plan	25. Do you get to decide when you go to the doctor for an appointment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences; Participant has full access to the community	26. Do you have the ability to come and go from your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports individual comfort, independence, and preferences	27. Do you have access to basic household equipment as identified in the person-center plan (i.e., kitchen appliances)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat	28. Do you have to eat at a scheduled time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to	29. Do you get the option to select		<input type="checkbox"/> Yes <input type="checkbox"/> No	

eat	what you want to eat?			
Participant chooses with whom to eat or to eat alone	30. Do you have an assigned seat in the dining area/cafeteria?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant controls his/her personal resources	31. Do you have a checking or savings account?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant controls his/her personal resources	32. Do you have a payee?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant controls his/her personal resources	33. Do you have access to the money in your account(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	34. Do you have a room where you can lock your personal items?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy is respected	35. Can other people in your home get into the room with your personal items?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants has privacy in their sleeping space and toileting facility	36. Do you have a lock on your bedroom door?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants has privacy in their sleeping space and toileting facility	37. Do you have a lock on a bathroom door for privacy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants are free from coercion	38. Do you know who you can call if you have an issue or problem with the staff at the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants are free from coercion	39. Do the staff talk to you about your right to file a complaint?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's rights to dignity and privacy is respected; Staff communicates with participants in a dignified manner	40. Do you feel that you are treated with dignity and respect by the staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the State who are not receiving Medicaid HCBS	41. Do you know what your rights and responsibilities are for the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is protected from eviction and afforded appeals rights in the same manner as all persons in the State who are not receiving Medicaid HCBS	42. Do you know what your appeal rights are if you are evicted from the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant is protected from eviction and afforded appeals rights in the same	43. Do you know who to call if you are being evicted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

manner as all persons in the State who are not receiving Medicaid HCBS				
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Onsite Observation

CMS Assurances	Requirement		Observation	Notes/Comment
Participants have full access to the community	1. Are there any barriers blocking or limiting access to the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting does not isolate participants from individuals not receiving Medicaid HCBS in the broader community	2. Does the setting have posted visitation hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant has unrestricted access in the setting	3. Are there locked doors preventing participants from accessing certain areas of the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setting supports participation in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCB services; Participant is employed or active in the community outside of the setting	4. Are community activities or resources posted at the setting (i.e., community board)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy are respected	5. Are participant schedules (i.e., therapy hours) posted and available for view by multiple individuals?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy are respected	6. Is there a lock on the participant's bedroom door?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant's right to dignity and privacy are respected	7. Is there a lock on the participant's bathroom door?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses with whom to eat or to eat alone	8. Are there assigned names in the dining area/cafeteria or a seating chart posted at the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to eat	9. Is there a meal time schedule posted at the setting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant chooses when and what to	10. Is there more than one meal		<input type="checkbox"/> Yes <input type="checkbox"/> No	

eat	option available to the participant?			
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